

# GROW Case Manager Checklist

## ***Job Skills Assessment and Orientation***

- 9 Employment Needs Evaluation completed by Employment Specialist or GROW Case Manager
- 9 Participant completed ABP 148 (Participant Profile)
- 9 Literacy test results obtained from Orientation provider
- 9 Participant screened for Mental Health and Domestic Violence issues
- 9 If participant appears to need NSA or medical evaluation, ABP 296 forwarded to EW
- 9 ABP 1463 (Activity Assignment) signed by participant for either SIP or Job Skills Prep Class
- 9 GROW system updated with activity start date
- 9 Need for transportation, interview clothing and other work-related expenses discussed
- 9 Informed participant of noncompliance process and reasons pt. can be placed in noncompliance

## ***Evaluating Participant for SIP (Self-Enrolled Program) Status***

- 9 Participant was enrolled in the school/program prior to Job Skills Assessment/Orientation
- 9 Participant is attending full-time (either 20 hours, or full-time status is verified by the school)
- 9 Participant will complete the program before he/she reaches their GR time limit
- 9 Participant is satisfactorily progressing
- 9 The program will lead to a degree or certificate in a growth occupation

The SIP cannot be approved unless **all** of the above criteria are met. The only exception to this is if the participant meets all criteria except the demand occupation. In this case, he/she may remain in the program until the end of the semester /quarter, at which point he/she must be assigned to Job Skills Preparation Class.

## ***CMA after Job Skills Preparation Class***

- 9 Discussed with participant why he/she did not find a job
- 9 Vocational Assessment provider contacted to schedule appointment
- 9 ABP 1463 (Activity Assignment) signed by participant for Vocational Assessment
- 9 GROW system updated with scheduled date of appointment
- 9 Need for transportation or other work-related expenses discussed
- 9 If participant appears to need NSA or medical evaluation, ABP 296 forwarded to EW

## ***CMA after Vocational Assessment***

- 9 Employment plan and employment goals evaluated and discussed with participant
- 9 ABP 1463 (Activity Assignment) signed by participant for either ICM or Ed/Training
- 9 GROW system updated with activity start date
- 9 Need for transportation or other work-related expenses discussed
- 9 If participant appears to need NSA or medical evaluation, ABP 296 forwarded to EW
- 9 If assessor recommends Ed/Training:
  - 9 GROW computer surveyed using OES codes to find an appropriate school/program
  - 9 Telephone contact with the school/program to discuss start date, length of program and funding/financial aid issues (GROW does not pay tuition)
- 9 If assessor recommends Intensive Case Management (ICM):
  - 9 Test application given to determine if the participant is able to complete job applications
  - 9 Participant informed that he/she must use the Resource Center **daily**
  - 9 Participant informed he/she must provide proof of interviews and job search activities
  - 9 Job Developer(s) informed of participant's individual job search needs
  - 9 Participant given a return appointment to see the case manager

### ***Ongoing Intensive Case Management (ICM)***

- 9 Confirmed participant is utilizing the resource center on a **daily** basis
- 9 Confirmed participant is signing in when utilizing the Resource Center
- 9 Participant provided proof of job searches and job interviews
- 9 Participant given a return appointment to see the case manager or job developer
- 9 If participant appears to need NSA or medical evaluation, ABP 296 forwarded to EW

### ***Supportive Services***

- 9 If participant appears to need NSA or medical evaluation, ABP 296 forwarded to EW
- 9 Mental Health
  - 9 Clinical Assessment
    - 9 Participant screened (using ABP 1207) as needing MH referral
    - 9 Telephone to centralized phone number to schedule Clinical Assessment
    - 9 Provider Referral Form (ABP 1466) completed and given to participant
    - 9 ABP 1463 (Activity Assignment) signed by participant for Clinical Assessment
    - 9 GROW system updated with scheduled appointment date
    - 9 10-day control set for return of ABP 1466 to indicate results of assessment
  - 9 Mental Health Treatment
    - 9 ABP 1466 returned from clinical assessors indicating treatment needed and documenting the mental health treatment services arranged by clinical assessor
    - 9 ABP 1467 (Supportive Services Referral) completed and given to participant
    - 9 ABP 1463 (Activity Assignment) signed by participant for treatment services
    - 9 GROW system updated with activity start/end date
- 9 Domestic Violence
  - 9 Participant self-declared need for domestic violence services
  - 9 Confidential Domestic Violence Information form (ABP 1208) signed
  - 9 DV provider inventory used to make referral and schedule appointment
  - 9 ABP 1467 (Supportive Services Referral) completed and given to participant
  - 9 ABP 1463 (Activity Assignment) signed by participant for services
  - 9 10-day control set for return of ABP 1466 to indicate results of DV services referral
  - 9 GROW system updated with activity start/end date
- 9 Substance Abuse
  - 9 Participant requests assistance with substance abuse problem or participant appears to be under the influence of drugs/alcohol
  - 9 Notification of Change (ABP 296) sent to EW requesting MSARP referral
  - 9 30-day control set for return of ABP 296 to indicate results of MSARP referral

### ***The Hearing***

- 9 Good cause determination made and good cause established
  - 9 GR Good Cause Determination form (ABP 592) completed and signed by GSS
  - 9 Participant assigned to next GROW activity
- 9 No good cause determined
  - 9 Informed participant if it is a 0, 30, or 60 day sanction
- 9 ABP 1768, Notice of Hearing, completed and copy given to participant